Washington State Board of Health

Access to Critical Health Services

Final Report

July 2001

Commitee on Access:

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This report describes the Washington State Board of Health's
work on access to critical health services during
the 1999-2001 biennium. It contains
Recommended Critical Health Services for Washington State Residents,
which the Board adopted on September 13, 2000, and
*Critical Health Services Explained: A Guide to the
Menu of Critical Health Services*,
which the Board reviewed on July 11, 2001.

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Executive Summary

People's health suffers when they do not have access to the individual health services they need. Communities suffer when these services are not available to significant numbers of their residents. In Washington, state and local health jurisdictions monitor access to critical health services and work with the health care system—including insurers, medical facilities, and health practitioners—to identify gaps in access and find ways to reduce them.

This role, integral to public health's mission of preventing illness and promoting health, is explicitly included in the *Public Health Standards for Washington State* developed by the Public Health Improvement Partnership.[1] Those standards stipulate that information should be available at the state and local level about "a core set of critical health services that are necessary to protect the public health." They also call on public health jurisdictions to provide referrals for clients who need these services, and to mobilize their communities to reduce gaps in the availability of services.

The Washington State Board of Health has been serving as the lead agency at the state level in the development of public health standards relating to health care access.

The Board feels it is important to focus attention on a core set of critical health services because of growing financial pressures in the health insurance market and the health care delivery system. A consistent theme in public testimony to the Board in recent years has been that cost pressures are resulting in the elimination of third-party coverage for services that have important public health benefits.

To respond to the needs of the public health system, and to concerns about adverse public health impacts from cost-containment strategies, the Board created a Committee on Access that comprises two Board members, Tom Locke, M.D., M.P.H. and Ed Gray, M.D. During the 1999-2001 biennium, the committee identified a menu of core services. In doing so, it set out to answer the key question: Which health services are truly essential for maintaining individual and community health? The result is *Recommended Critical Health Services for Washington State Residents*, a menu of services adopted by the Board on September 13, 2000.

MCPP Consulting compiled the menu under contract to the Board, with funding provided by the Board and the Public Health Improvement Partnership. This list was assembled by a team of independent medical professionals and health care consultants using national research regarding the impact of health services on individual and community health without regard to funding or payment.

The two primary source documents were:

1. U.S. Department of Health and Human Services, *Healthy People 2010*, January 2000

2. United States Preventive Services Task Force, *Guide to Clinical Preventive Services, 2nd edition*, 1996

No service appears on the menu unless the provision and availability of the service is thought to have a predictable and demonstrated **benefit to the health status of the community-at-large**—or the absence of this service is thought to adversely affect the health status of the community-at-large.

Any health service that met this threshold condition was then measured against four criteria:

- This service addresses a health issue whose impact or potential impact on the population is known to be great—either in terms of relative prevalence/incidence or in terms of degree of risk for the community-at-large for events or conditions that occur less frequently.
- Key national research, standard-setting and policy-making bodies consider this service important and a relatively high priority.
- There is strong evidence, through national or state research and/or evaluation, that the service is safe, effective, and/or cost-effective.
- Policymakers, providers, and the public would agree (more likely than not) that the service is important and necessary.

Services included on the menu were judged to have met these criteria. The PHIP Steering Committee and the Board reviewed the menu before adoption.

The list specifically addresses personal health care services. The Board assumes, for the purposes of this menu, that the full set of public health services, as described in the PHIP standards, should be available in each community. These essential services include controlling the spread of communicable diseases, educating the public about healthy lifestyles, and ensuring the safety of the air we breathe, the food we eat, and the water we drink.

The Board intends that the menu be reviewed and updated periodically as new evidence and information becomes available. The Board approached this work from a population-based perspective. The need for specific services by individuals should be determined on a case-by-case basis, with consideration given to age, gender, risk factors, specific diagnoses, medical necessity, and potential risks and benefits.

The Board recognizes that a single, standardized list of health services would not serve the needs of every local jurisdiction. Significant local differences exist in community attitudes, population, geography, health service capacity, provider availability, and more. For this reason, the Board offers a true "menu" of services that can inform local efforts to develop lists that are responsive to local needs.

During 2001-2003, the Board will collaborate with local health jurisdictions to develop and use localized lists, explore ways to incorporate the menu into the creation of an insurance product, and develop a list of performance measures for assessing access.

[1] The Public Health Improvement Partnership is a collaboration of local health jurisdictions, the Board, the Department of Health and the Northwest Center for Public Health Practice at the University of Washington. The partnership was formed to develop and implement the biennial Public Health Improvement Plan passed into law in 1995

Critical Health Services Explained

On Sept. 13, 2000, the State Board of Health adopted *Recommended Critical Health Services for Washington State Residents*.[2] The following questions and answers explain the reasons for creating the menu, its content, and how it might be used.

What is the menu of critical health services?

These are health care services the Board has identified as essential to the health of the community at large. The Board believes that when health purchasers and policy makers decide which medical and public health services they will make available, they should consider the services on this menu as high priorities for all Washington communities.

Why a menu? Why now?

The Board has a longstanding interest in ensuring that all Washington residents have access to health care services that are necessary from a public health perspective. It is difficult to talk about promoting access without first being able to answer the question: Access to what? One reason the Board developed this menu was to encourage a dialogue—both within the public health community and among the regulators and purchasers of health care. It is the Board's hope that participants in that discussion will be able to articulate which of the many available health care services are truly critical to every community's health.

The Board also created the menu to support the efforts of more than 100 health professionals at the state and local level who have collaboratively developed the *Standards for Public Health in Washington State*.[3] The standards outline what our health officials believe must be in place everywhere in Washington to provide adequate public health protection. The standards detail the specific steps our state and local public health agencies should take to monitor and report on our entire population's health, to respond quickly and effectively to disease outbreaks, to protect us all from unsafe and unhealthy environmental conditions in our food, air and water, and to strengthen communitywide health promotion and disease prevention efforts.

A final section of the standards outlines public health's role in assuring access to "critical health care services." Again the question arises: Access to what? The standards call on the state and each community to determine a specific set of critical health services. Once a community-based set of services has been defined, the standards call on local health jurisdictions to maintain and disseminate information about the availability of these critical health care services, to provide referrals for clients who need these services, and to mobilize their communities to reduce gaps in the availability of services.

How does this relate to statewide public health improvement efforts?

Since the Legislature established the public health improvement process in 1995, the Board has been a member of the partnership that produces the *Public Health Improvement Plan* (PHIP).[4] The goal of the partnership is to create a public health system that will increase the level of protection from environmental and communicable disease health threats and improve the health of Washington state residents through effective use of health promotion, community assessment data, and personal health care services. One element of the PHIP work plan for 1999-2001 was to develop a "menu of critical services." The Board took on that project as its contribution to the PHIP. The Board's menu serves as a starting point for the state and local health jurisdictions to begin work on community-specific sets of critical health services. Those sets will then provide a framework for efforts to assess the availability of services and mobilize communities to improve access.

Who created the menu?

A team of independent medical professionals and health care research consultants produced the menu under the direction of the State Board of Health. The consultants relied on current research findings and the authoritative thinking of national experts who have analyzed public health priorities. The PHIP Steering Committee and the Board reviewed the menu before adoption.

What determined whether a service would be on the menu?

No service is on the menu unless providing that service would be expected to have a demonstrable benefit to the community at large—or its absence would be expected to harm the health of the community. Each service also had to have its effectiveness documented by scientific research and be broadly supported by health experts and professional organizations.

The following criteria were used to assemble the list:

1. The **degree of impact** or potential impact on the community's health.

2. The **level of agreement** among national research, standard setting, and policy-making bodies that providing the service is an important and relatively high priority.

3. The **strength of the evidence** that the service is safe, effective, and cost-effective.

4. The **likelihood that there would be agreement** among policy-makers, health providers, and the public about the importance of the service.

What types of services are included?

The services fall into eight general categories:

1. Making sure that people have **general access to health services** (for example, they are able to see a primary care physician and can get home health care if needed).

2. Preventing **risky behaviors** and encouraging healthy behaviors (for example, educating people about the dangers of smoking and encouraging healthy diets).

3. Treating and preventing the spread of **communicable and infectious diseases** (i.e., screening for tuberculosis and providing immunizations for vaccine-preventable illnesses).

4. Protecting the **health of mothers, infants and children** (for example, making sure pregnant mothers get good nutrition and providing well-child checkups for young children).

5. Improving **behavioral health** and caring for people with mental illnesses and disorders (i.e., preventing alcohol abuse and providing intervention services for people who are suicidal).

6. Detecting **cancer** early and treating it effectively (for example, providing screenings to detect breast cancer early and specialty care for treatment of people with various types of cancers).

7. Dealing with **chronic conditions** and improving **disease management** (for example, treating diabetes, asthma, and chronic heart disease).

8. Improving people's **oral health** (for example, screening children for oral disease and encouraging use of fluoride to prevent tooth decay).

So is this simply a list of critical health issues?

The menu goes beyond that.

First, it identifies target populations for each menu item. For example, it includes screening for serious mental illnesses only for people at high risk; screening the general population is not on the menu. And while the menu includes efforts to decrease tobacco use among the general population, it specifically includes prevention programs aimed at teens.

Second, the menu specifies the type of service that is needed—screening, education and counseling, or medical intervention. For example, it does not recommend screening or medical intervention for unhealthy dietary behaviors, but it does recommend counseling and education.

The menu also considers whether there is a need for infrastructure improvement or policy change. Infrastructure focuses on the availability and distribution of providers, facilities, and services throughout the state—are needed services available from qualified providers within a reasonable distance? Policy on critical health services deals with decisions made by elected officials,

public agencies, health care providers, and insurance purchasers that affect the availability and quality of needed services. For example, a law making it more difficult for minors to purchase tobacco products would decrease teen tobacco use. Similarly, requiring insurers to cover mental health visits would increase access to behavioral and mental health services.

Why are some services that seem important not on the menu?

Not everything that may be good for people's health is on this menu. For some conditions, the degree of risk for the entire community is relatively small. Or there may be some uncertainty about the safety or effectiveness of particular services. Just because a service is not listed on the menu does not mean it is lacking in benefit for some people, only that it did not meet the rigorous selection criteria used to determine the menu of critical health services.

For example, the menu does not include complementary and alternative medical care (such as naturopathic and chiropractic services). Remember that the menu is a starting point for setting community-specific priorities. Community leaders are free to add or subtract from this menu.

Is the menu prioritized?

No, though the four criteria listed above may be used in the future to rank-order the menu.

How might the menu be used?

- By **measuring access** to these specific services, researchers can determine the degree to which state residents have access to critical health services—and whether initiatives such as PHIP result in better access and better health.
- Policymakers can use this menu to **guide a community discussion** to reach agreement about which services, if any, should be uniformly available.
- Local health jurisdictions can use this menu as a model from which to **build local menus** of critical health services. Those community-specific menus could then inform efforts to mobilize the community to improve access.
- Policymakers may want to use this menu to help **set priorities and guide policy** choices.
- Public and private employers may want to use this menu to **shape the insurance coverage** they purchase for their employees.

[2] http://www.doh.wa.gov/sboh/Priorities/Access/CriticalHealthList.pdf
[3] http://www.doh.wa.gov/standards/default.htm
[4] http://www.doh.wa.gov/Publicat/2000_phip/2000_PHIP.htm

Recommended Critical Health Services for Washington State Residents

Topic, Target Population, & Service Type

Context

The *Proposed Standards for Public Health in Washington State*[5] include a section focused on Access to Critical Health Services. The intention of this section of the standards is to ensure that information is collected about a set of critical health services for purposes of monitoring, assessment of performance, identification of opportunities for improvement, and community mobilization efforts to ensure access to services and to address needs. In order to carry out the standards, it is first necessary to define a set of critical health services, which will become the platform for assessment and action. The following menu of critical health services has been adopted by the Washington State Board of Health and will serve as this set.

This menu is meant to be periodically reviewed and updated as new evidence and information becomes available. The perspective of this work is population-based. However, need for and access to any of the proposed services is determined by the individual patient/consumer circumstance—considering age, gender, risk factors, specific diagnoses, clinical appropriateness, and medical necessity.

Key Source Documents

Two sources provided the primary guidance for inclusion of items in this menu:

1. *Healthy People 2010*, U.S. Department of Health and Human Services, January 2000

2. United States Preventive Services Task Force, *Guide to Clinical Preventive Services*, 2nd edition, 1996

Contents

- **Adopted Menu of Critical Health Service Items:** Services are named by clinical or health topic in the left column. Other columns indicate whether the service is targeted for the general population and/or a sub-population with specific risk factors, and the type of service—whether screening/testing/assessment; counseling/education/support; or intervention.

- **Threshold Requirements and Criteria:** This is a summary of considerations and criteria that have been applied in the selecting services to be included in the menu.

[6] The *Standards for Public Health in Washington State* were finalized subsequent to the adoption of this document.

KEY for "Target Population": C = Children T = Teens/Adolescents A = Adults (Non-Senior) S = Adults > 65 W = Women
M = Men HR = At High Risk D = Diagnosed GP = General Population

		[.....Service Type.....]				
Category & Service Item	**Target Population**	**Screening / Testing**	**Counseling/ Education/ Support**	**Intervention**	**Infrastructure**	**Policy**
General Access to Health Services						
Ongoing Primary Care	GP	√	√	√	√	√
Emergency Medical Services & Care	GP	√	√	√	√	√
Consultative Specialty Care	GP; D; HR	√	√	√	√	√
Home Care Services	GP	√	√	√	√	√
Long-Term Care	S; HR	√	√	√	√	√
Health Risk Behaviors						
Tobacco Use	T; HR; GP		√	√		√
Dietary Behaviors	HR; GP		√			
Injury & Violence Prevention (Bike Safety, Motor Vehicle Safety, Firearm Safety, Poison Prevention, Abuse Prevention, etc.)	HR; GP		√	√		√
Physical Activity & Fitness	GP		√	√		
Responsible Sexual Behavior	T; A; HR		√	√		√
Communicable and Infectious Diseases						
Immunizations for Vaccine Preventable Diseases	C; T; S; HR		√	√	√	√
Sexually Transmitted Diseases	T; A; HR	√	√	√	√	
HIV/AIDS	T; A; HR	√	√	√	√	√
Tuberculosis	GP; HR	√	√	√	√	
Other Communicable Diseases (i.e. Meningicoccal & Hepatitis C)	GP; HR; D	√	√	√	√	

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		[.....Service Type.....]				
Category & Service Item	**Target Population**	**Screening / Testing**	**Counseling/ Education/ Support**	**Intervention**	**Infrastructure**	**Policy**
Pregnancy and Maternal, Infant, and Child Health/Development						
Family Planning	T; W; A	√	√	√		√
Prenatal Care	T; W; HR	√	√	√		
Women, Infants, & Children (Nutritional) Services	C; W; HR		√	√		√
Newborn & Early Childhood Services	C; HR	√	√	√	√	
Well Child Care	C; T	√	√	√		
Behavioral Health and Mental Health						
Substance Abuse Prevention & Treatment Services	T; A; HR	√	√	√		√
Depression	GP	√	√	√		
Suicide / Crisis Intervention	T; A; HR	√	√	√		
Other Serious Mental Illnesses / Disorders	HR	√	√	√		√
Cancer Services						
Cancer-Specific Screening (i.e. Breast, Cervical, and Colorectal Cancers) and Surveillance	A; S; HR	√	√		√	
Specialty Cancer Treatment	A; S; HR		√	√	√	

KEY for "Target Population": C = Children T = Teens/Adolescents A = Adults (Non-Senior) S = Adults > 65 W = Women
M = Men HR = At High Risk D = Diagnosed GP = General Population

		[.....Service Type.....]				
Category & Service Item	**Target Population**	**Screening / Testing**	**Counseling/ Education/ Support**	**Intervention**	**Infrastructure**	**Policy**
Chronic Condition/Disease Management						
Diabetes	C; A; HR	√	√	√		
Asthma	C; A; HR	√	√	√		
Hypertension	C; A; HR	√	√	√		
Cardio-Vascular Disease	C; A; HR	√	√	√		
Respiratory Disease (other than asthma)	HR		√	√		
Arthritis, Osteoporosis, and Chronic Back Conditions	GP; HR	√	√	√		
Renal Disease	HR; D	√	√	√	√	√
Oral Health						
Dental Care Services	GP	√	√	√		
Water Fluoridation	GP			√	√	√

Services related to **Congenital and Injury-Induced Disabilities** (specialized therapies and assistive devices) were considered but not included on the adopted menu. Although critical for those individuals affected, such services did not meet the population-based threshold requirement of benefiting the health status of the community-at-large

Threshold Requirements & Criteria

Threshold Requirement

All services must meet this requirement for inclusion on the menu of critical health services.[6]

Community Health Status Benefit	The provision and availability of this service is thought to have a predictable and demonstrated benefit to the health status of the community-at-large. Or the absence of this service is thought to result in detriment to the health status of the community-at-large.

Criteria

Scoring against these criteria is more relative than absolute. However, services included on the menu strongly met most of these criteria.

Degree of Impact	This service addresses a health issue whose **impact or potential impact** on the population is **known to be great** - either in terms of relative prevalence/incidence, or in terms of degree of risk for the community-at-large for events or conditions that occur less frequently.
National Agreement on Priority	Key **national** research, standard-setting and policy-making **bodies consider this service important and relatively high priority.**
Strength of Evidence	There is **strong evidence** through national or state research and/or evaluation of the service's safety, effectiveness, and/or cost-effectiveness.[7]
Likelihood of Agreement (vs. Divisiveness)	This service **would be (more likely than not) agreed-upon** by policy makers, providers, and the public as important and necessary.

Measurement Considerations

The following should be considered as measurement planning proceeds for Access to Critical Health Services.

1. Practical feasibility of measurement given current realities.
2. Existence of a nationally defined, tested and accepted measure or indicator associated with this service.

[6] The potential for social and economic burden, if the service would be absent, was also considered as a threshold requirement. It was found not to be a discriminatory; all potential services met the requirement.

[7] There is agreement that cost-effectiveness evaluation of services should be considered in prioritization and resource distribution decisions, as an adjunct to evidence on effectiveness. Yet, methods of such analyses are not standardized & vary widely. Evidence on cost-effectiveness is therefore limited & likely not comparable across different studies and/or services . (Reference: American Journal of Preventive Medicine 2000; 19(1); pp 15-23; and Guide to Clinical Preventive Services; Second Edition; pp.lxxxv-xcii.)

About the State Board of Health

The State Board of Health serves the citizens of Washington by working to understand and prevent disease across the entire population. Established in 1889 by the State Constitution, the Board provides leadership by suggesting public health policies and actions, by regulating certain activities, and by providing a public forum. The governor appoints ten members who fill three-year terms.

Board Members

Consumers

Linda Lake, M.B.A, Chair, has 25 years of experience in the field of health and social services. She has directed several community health and social service organizations, including the Pike Market Medical Clinic.

Joe Finkbonner, R.Ph., M.H.A., is an independent consultant on Native American health issues. He has served as chair of the American Indian Health Commission and director of the Lummi LIFE Center.

Elected County Officials

The Honorable Neva J. Corkrum, Vice Chair, is a Franklin County commissioner and member of the Benton-Franklin Health District Board of Health.

Elected City Officials

The Honorable Margaret Pageler, J.D., is president of the Seattle City Council and a member of the Board of Public Health in Seattle and King County.

Department of Health

Mary Selecky is secretary of the Washington Department of Health and former administrator of Northeast Tri-County Health District.

Health and Sanitation

Charles R. Chu, D.P.M., a practicing podiatrist, is president of the Washington State Podiatry Independent Physician Association.

Ed Gray, M.D., is health officer for the Northeast Tri-County Health District and chair of the Basic Health Plan Advisory Committee.

Carl S. Osaki, R.S., M.S.P.H., former director of environmental health for Public Health—Seattle & King County, is on the faculty at the University of Washington.

Vicki Ybarra, R.N., M.P.H., is director of planning and development for the Yakima Valley Farm Workers Clinic. Much of her work is dedicated to supporting children and families.

Local Health Officers

Thomas H. Locke, M.D., M.P.H., is health officer for Clallam and Jefferson counties and medical director of the Port Gamble S'Klallam tribal health program.

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